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Kimberly J Therrien
Repeat Pregnancy During
Adolescence: Factors that
Influence Teens' decisions
To have more than one child

ABSTRACT

This exploratory qualitative study was undertaken to try to learn and better understand why an adolescent would chose to have more than one child while still an adolescent herself. As the trends in current literature tend to focus on four primary areas of interest; I structured my questions in order to gain information in the same categories. Those categories include: 1) reasons adolescents become pregnant the first time including repeat pregnancies and contraceptive use, 2) intervention strategies and programs aimed to prevent repeat pregnancies, 3) the larger societal impact of adolescent pregnancy, and 4) adolescent brain development and decision making abilities.

I interviewed six participants who were parenting more than one child by the age of 20 and asked them open ended questions about their experiences with regards to getting pregnant the first time, having a repeat pregnancy, their use or non-use of birth control and why, reasons they decided to have their children, and reactions to each of their pregnancies and how they may have differed.

What I found in this study was that the participants I interviewed shared reasons, stories, and attitudes that were consistent with what is in the literature, the only exception was that this group fell statistically higher in their education levels than their counterparts.

REPEAT PREGNANCY DURING ADOLESCENCE:
FACTORS THAT INFLUENCE TEENS' DECISIONS
TO HAVE MORE THAN ONE CHILD

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2009

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CHAPTER I

INTRODUCTION

The purpose of this study is to look at what factors influence an adolescent's decision to have additional children during adolescence after she has already had one. As soon as an adolescent makes the announcement that she is pregnant for the first time there immediately begins the campaign among the professionals working with her to prevent a repeat pregnancy. This mission is understandable when you take into consideration the long lasting societal impact that teen pregnancy has on both the teen herself and her child(ren). However, this method of working with first time teen parents may put the client's right to self determination up against the socially held notion that the "right" thing to do is prevent her from having anymore children. "Some scholars contend that teenage pregnancy is not a significant social concern and that early childbearing may represent an adaptive life course decision for certain populations of women".

(Mersky/Reynolds, 2006)

Whether or not we agree with this statement, it remains a fact that when it comes to early childbearing social workers are often in direct opposition to what many pregnant and parenting teens want for themselves, more children. So given this difficult opposition of goals, how might we better understand what it is that these teens are trying to obtain? By trying to understand what led them to make the choice in the first place; by asking questions, and listening to what is going on in their minds at the time all of this occurs.

The goal in looking at this particular phenomenon is to better understand how teens come to make the decision to have another child, what things do they consider, or think about, and what, if anything, has the most impact on this decision. If we can understand how teens come to make the choice in the first place then we are in a better position to work with them and to develop programs and strategies that could possibly be more effective at reducing the rate of repeat pregnancies.

What I did was interview six participants who were parenting more than one child by the time they were 20 years old. I asked them a series of open ended questions in order to get them to tell me their individual stories; topics included where first time pregnancies, repeat pregnancies, use or non-use of birth control, reasons for having their children, how people reacted to each of their pregnancies, and where they hope to go in the future.

The literature review will provide a look at some of the current trends of what is being studied with teen pregnancy and parenting and what the findings of those studies are. The methodology chapter will provide an in depth look at what I did with the participants and how they answered the questions. The findings chapter will look specifically at what this group of participants told me and how they answered the questions as they understood them. In the discussion chapter I will compare and contrast my findings with what is in the literature as well as considering the limitations of this particular study. The discussion chapter will also look at possible future studies and the implications of the findings in this project.

CHAPTER II

LITERATURE REVIEW

Teen pregnancy remains one of the largest and most debated social issues in our society. It has been studied at great length over the past 40 years in an effort to reduce the rate at which it occurs. Teen pregnancy reached a high point in 1991 with an average rate of “61.8 teen births for every 1000 births in this country”. (Omar, 2008) This rate decreased to “40.4 teens births per 1000 in 2005, a record low” (Omar, 2008); however, the rate of teen birth in this country remains extremely high in comparison to rates in other developed nations. While the teen birth rate for the United States is 40.4 per 1000, “the teen birth rate in Canada is 20 per 1000, Germany is 10 per 1000, and France is 8 per 1000”. (Omar, 2008) Birth rates for “2nd pregnancies among teens in this country are 8.2 per 1000 and 1.3 per 1000 for 3rd pregnancies”. (Corcoran/Pillai, 2007)

“In the US, 34% of young women become pregnant at least once before they turn 20. By the age of 18, one in four teenagers will become pregnant, and within two years, more than 31% will have a repeat pregnancy”. (Omar, 2008)

“Some scholars contend that teenage pregnancy is not a significant social concern and the early childbearing may represent an adaptive life course form certain populations of women. Although childbearing may be a viable, planned option for some adolescents, the majority of teenage pregnancies are unintended”. (Mersky/Reynolds, 2006)

Societal Implications of Teenage Pregnancy

There is general acknowledgement and acceptance of the results of teen pregnancies and the impact they have on society. Teen mothers are more likely to not finish high school, have lower economic earnings throughout their lives, have greater medical and psychological problems, live in impoverished and sometimes dangerous neighborhoods, and their children are at an increased risk for behavioral and developmental problems. It is estimated that teen pregnancy costs “the US at least 7 billion dollars annually”. (Omar, 2008) Given this information, and the fact that the teens are experiencing much of this first hand, it would make sense that discouraging repeat pregnancies would be an easy task. However, that is not the case, in spite of all the difficulties and limitations, teens are continuing to have repeat pregnancies and children. It is my goal in this research project through gathering qualitative data to look closely at why teens chose to do this and what factors might influence their decisions.

Trends in the Literature

There is a strong emphasis in the literature around this subject that focuses on four major components of this phenomenon: 1) reasons adolescents become pregnant the first time including repeat pregnancies and contraceptive use, 2) intervention strategies and programs, and ways to prevent repeat pregnancies, 3) the larger societal impact of adolescent pregnancy as was discussed previously, and 4) adolescent brain development which I’ve included in order to better understand adolescent decision making.

“Despite the amount of research, no well accepted theory of adolescent pregnancy has been formulated”. (Corcoran/Franklin/Bennett, 2000) “Although Bronfenbrenner’s Ecological Systems Model is not considered a theory per se, it can be used as a

framework with which to organize the different perspectives and efforts, most of which do not have a theoretical framework of their own”. (Corcoran/Franklin/Bennett, 2000)

Bronfenbrenner’s system model has four different system levels “(1) the individual level, termed the *microsystem*, which comprises the role and characteristics of a developing individual; (2) the immediate social environment, termed the *mesosystem*, the social systems with which the developing person interacts, such as the family, the school system, the neighborhood and the church; (3) the social environment which exerts an influence on the individual but without the individual’s direct interaction, termed the *exosystem*; and (4) the *macrolevel*, the broader social environment, such as the socioeconomic level within which an individual is nested and the various cultural influences which might exert an influence”. (Corcoran, 2001) Each of these system levels looks at how a developing person interacts with and is influenced by their environment. It begins with the way they view themselves and expands to include cultural values and variables and how they affect the individual. When examining the phenomenon of teenage pregnancy from the individual’s perspective, this systems model offers a concrete and effective way to examine how they are being affected by their choices and by the larger system levels. “Teenage pregnancy and young motherhood are not neutral experiences; rather they are replete with political meaning and highly dependent on structural factors including race, class, and gender”. (Greene, 2006)

Reasons Adolescents become Pregnant the First Time

The reasons that teens get pregnant in the first place tend to fall into two distinct categories: 1. absence of birth control or contraception and 2. the desire to become pregnant. “Themes for non use of contraceptives include denial, not planning on having

sex, not considering the consequences of having unprotected sex, lack of knowledge about or access to the various methods of birth control, embarrassment, and fear that their parents would find out”. (Lemay, et al., 2007) The most common theme identified by those who desired to become pregnant was that they wanted someone to love them, followed by wanting to have a family of their own, and as a means to keep the father of the baby in their lives.

“Sociodemographic risk factors associated with early childbearing have been well articulated in the literature. Income, parent education, family structure and size, race/ethnicity, age, and residence in a low income urban neighborhood have all been linked to adolescent childbearing”. (Mersky/Reynolds, 2006) In the Chicago Longitudinal Study conducted by Mersky and Reynolds, they found the most consistent predictor of a female’s childbearing status was her parents’ educational attainment. However, other similar studies have not shown this variable to be any more significant than its counterparts.

Repeat Pregnancies during Adolescence

In looking at the current literature available that examines repeat pregnancies among teenagers and the factors that contribute to the likelihood or the prevention of, there appears to be only one factor that impacts the rate at which repeat pregnancies occur. Long acting birth control such as Norplant, the Depo-Provera shot, or an IUD that is administered immediately following the birth up to six weeks postpartum have been shown to be effective in reducing the rate of repeat pregnancy in adolescents. In the absence of getting on long acting birth control within the first six weeks postpartum; the findings are consistent in that no particular intervention works better than any of it’s

counterparts for reducing the rate at which repeat pregnancy occurs. Initially, there is a reduction in repeat pregnancies with specific agency involvement; such as home visits, counseling about and access to contraception, and identifying short and long term goals but over time the interventions do not hold up. “Predictors of repeat pregnancies include not using a long acting contraceptive, plans to have another baby within five years of the first, not being in school at three months postpartum, experiencing intimate partner violence, not being in a relationship with the father of the first child, the father of the first child is more than three years older, and having many friends who were pregnant”. (Raneri, 2006) Other factors included family supports and expectations, economic independence, community supports and access, and the teen’s feelings of self worth. “Teenage mothers who became pregnant exhibited significantly more repeat risk factors but were as compliant with clinic visits as the non-pregnant peers”. (Stevens-Simon/Kelly/Kulick, 2001) Additionally, teenager mothers are “at higher risk for conception than their never pregnant peers because even when those who do not want more children experience fluctuations in their motivation to remain non-pregnant, stop using birth control briefly, (because from a physiologic standpoint their natural state will eventually be pregnant) they become pregnant by default”. (Stevens-Simon/Kelly/Kulick, 2001) “The heightened contraceptive vigilance that can result from a pregnancy often wanes rapidly in daily living environments that are conducive to first teen pregnancies. Thus, even teens that have just given birth and are not consciously planning another baby quickly become inconsistent contraceptive users at best”. (Gray/Sheeder/O’Brien/Stevens-Simon, 2006)

In a 2007 study done by Lemay et al, they looked at teen mother's attitudes about contraceptive use both before and after birth. It was discovered that "schools, once thought of as a locus for information about contraception was not true for younger adolescents. Among younger adolescent mothers, there is a disconnection to school. Consequently, the teens do not benefit from the available health education programs". (Lemay, et al., 2007) Additionally, there is a large gap in the belief that "it can't happen to me" between younger and older adolescents, with the younger ones subscribing to this belief at a much higher rate.

Contraceptive Use: Patterns and Behavior

There appears to be a renewed interest in the literature that looks at teen's attitudes and behaviors around being sexually active, the choice to use birth control, and having goals. The authors of these studies are looking at whether or not there is a correlation between having goals and using contraceptives. "Conventional goals appear to motivate teenagers to avoid getting pregnant only if they believe that pregnancy will be an impediment. Thus, it may be less important to encourage young women to formulate goals than to ensure that they consider adolescent childbearing a threat to their plans". (Jumping-Eagle, et al., 2008) Researchers are also looking at self-esteem and age as deterrents in the use of contraception, specifically whether or not low self esteem was related to decreased use of birth control. What they found was that "no significant associations or correlations were found between age, global self-esteem, decision self-esteem, decision coping, and the decision to use contraception in sexually active adolescent females. There was, however, significant negative correlation between overall maladaptive decision making and contraceptive use in sexually active adolescent females.

The greater their maladaptive decision making, the less likely they were to be using contraceptives”. (Commendader, 2007)

In one study that utilized focus groups of adolescent females to gather up to date information and concerns around contraception, childbearing, and STD’s it was discovered that even the definition of sexually active is not absolute among this population. “At least one adolescent female in each one of the focus groups expressed the view that she had not considered herself to be sexually active when she had had intercourse only once or twice”. (Lemay, et al., 2007) This perception is consistent with previous studies that demonstrated the use of denial or minimization in regards to the risks of repeat pregnancies. “Nevertheless, between 24 – 37% of adolescent mothers experience a second birth within 24 months of their first delivery. Each additional birth an adolescent experiences increases the likelihood of inadequate prenatal care, premature birth, low birth weight, educational disadvantages, and unemployment and poverty”. (Lemay et al., 2007)

Adolescent Brain Development

In the past few years there has been an expanded and renewed interest in the adolescent brain and how it develops. One of the most significant findings to come out of this research has been that the adolescent brain reaches maturity much later than we originally believed. Previously, it was held that “the brain stopped maturing between the ages of 10 and 12 years”. (Spano, 2003) We now know that while the brain may not get any “physically” larger, there is a second growth spurt in gray matter and that ultimately the brain does not reach full maturity until the early to mid twenties. The frontal lobe which has been established to control the functions of the brain that include “self-control,

judgment, emotional regulation, restructured in teen years Corpus callosum, intelligence, consciousness and self-awareness reaches full maturity in the 20's". (Spano, 2003)

"Adolescence is the longest developmental stage, often seen as beginning with the onset of puberty and extending through the college years into the early 20s.

Characterized by rapid physical growth, reproductive maturity, and psychosocial advancement, this stage may also be the most difficult to navigate". (Fantasia, 2008)

In her 2008 concept analysis of Sexual Decision Making in Adolescence, Heidi C. Fantasia identifies six main themes that are consistent and reoccurring. "1) Desire for Intimacy – many adolescents reported desire, sexual attraction, and a need to be loved or cared about as central to their decision to enter a sexual relationship. 2) Perceived Relationship Safety, 3) Problem Solving, 4) Family and Peer influence, 5) Concern for Pregnancy or STI, and 6) Cognitive Ability". (Fantasia, 2008) "The interaction of these factors results in a complex situation that is difficult for many adolescents to navigate". (Fantasia, 2008)

"The teen years are a perilous time in human development. For example, compared with adults, adolescents in the United States are more likely to be injured and die in care accidents, to commit crimes and become victims of crime, and to engage in unprotected sex and contract sexually transmitted diseases". (Jacobs/Klaczynski, 2005)

"Theories of human development and social exchange are useful in conceptualizing intervention programs for adolescents. Eric Erikson identified the development of identity as the major psychosocial task of the adolescent between the ages of 13 – 18". (Brown/Saunders/Dick, 1998) "In the struggle to avoid role confusion, adolescents must integrate past learning, inner feelings, and future expectations. Because young

adolescents typically plan only for the present with out any consideration of long-range consequences, pregnancy may occur unexpectedly”. (Brown/Saunders/Dick, 1998) A contemporary of Erikson, Jean Piaget also identified different levels of human development that were marked by specific tasks and traits. Piaget referred to period of time between 12 – 18 years of age as Formal Operations. In this stage of development, teens often believe that “reality is secondary to possibility, that they can take another’s point of view, think beyond their own experiences, are hypothetical rather than empirical, and that morality is intent”. (Gratton, 2008)

Intervention Strategies and Programs

We’ve examined the statistics, the attitudes, perceptions, and developmental tasks of adolescence in regards to early childbearing, so let’s look at the effectiveness of some of the programs aimed at reducing the rate at which it occurs. As the rate of first time teen pregnancy declined over the past 10 -12 years there was a tremendous push to understand what was accounting for this decline. Some attribute it to greater access and availability of contraception, others want to maintain that it has been the inception of abstinence only programs, and still others want to tout the effectiveness of intervention programs. However, the research has not found any of these claims to be valid. In fact, “when looking at program factors that may moderate the results, it might be expected that a comprehensive array of services would act to prevent repeat pregnancy. However, this was not found to be the case. The finding was consistent with Klerman’s (2004) narrative review that no one approach seemed to emerge as most effective”. (Corcoran/Pillai, 2008) “Most programs aimed to reduce or delay pregnancy and

childbearing by direct or indirect means have not generated large effects”.

(Mersky/Reynolds, 2006)

There was one exception to this finding in the multitude of programs that have been evaluated and the results made available. In a study by Omar, Fowler, and McClanahan conducted at the University of Kentucky in Lexington concluding in 2008 they were able to impact a significant reduction in repeat pregnancies through a comprehensive young parent program. This program consisted of a comprehensive treatment team that included a physician, nurses, social workers, nutritionists, and a psychologist. The teens were seen by each of these people at each clinic visit with most visits occurring on a weekly basis. As a result of this intensive intervention they were able to conclude that “comprehensive intervention for teen mothers can be very successful in reducing teen pregnancy in those that participate consistently in the program over a period of three years”. (Omar/Fowler/McClanahan, 2008) The difficulty with this finding is that very few, if any, programs have the amount of resources available on a regular basis to enact this magnitude of an intervention program.

In the article Planned Adolescent Pregnancy: What they Needed, author K. Montgomery interviewed eight adolescent that reported their first pregnancies were planned. This was is important because it begins to acknowledge the fact that some adolescents get pregnant by choice and examines some of the reasons given by this small sample of participants.

Most of the programs that have been evaluated have shown some promising results in the area of home visiting of young mothers. However, in all the cases reviewed none of the successful outcomes where in the categories under which the research was

conducted. “Community based home visiting programs improved adolescent mother’s parenting attitudes and school continuation, but it did not reduce their odds of repeat pregnancy or depression, or achieve co-ordination with primary care”. (Barnet et al., 2007) While it is disappointing that these projects did not achieve the desired outcomes, it should be noted that the areas in which they did achieve success are also of tremendous importance and value when looking at the long term impacts and implications of this vulnerable population.

Conclusion

In conclusion, there exists a vast quantity of data on teenage pregnancy, its causes, its predictors, programs, and impacts on society as a whole. There are programs and policies specifically designed to address the issues of teen pregnancy and whose goals are to reduce the rate at which it occurs. There does appear to be a gap in the literature that looks at teenage pregnancy through a specific theoretical lens. The nearest thing to this that I have found was Bronfenbrenner’s systems model that provides us with a specific framework that enables us to look at whom or what may be influencing a teen’s actions or choices in relation to early childbearing. This model may prove more useful as I begin to gather additional qualitative data on the reasons that teens have subsequent pregnancies and children while still a teen themselves. How might someone view teenage pregnancy from an attachment or sociological standpoint?

My goal in interviewing participants for this research project is to gather information about what factors influence a teen’s decision to either become pregnant or parent for a second or subsequent time. In gathering qualitative data I will attempt to

answer these questions and convey their thoughts on multiple pregnancies during adolescence.

Similar to most of the literature that I read, my study will consist of a small sample of teens from one geographic area. This will make my results difficult to apply to the general population but should provide us with a base for greater understanding of this phenomenon, and perhaps illicit interest in a larger and more diversified study.

Additionally, since the literature shows that no one particular intervention works better than another in preventing first pregnancies with the exception of the one very intensive program reviewed; what other factors might we look at in regards to reducing the high rate of teen pregnancy in this country?

CHAPTER III

METHODOLOGY

The purpose of this study was to look at what factors influenced an adolescent's decision to have additional children after already having one while still an adolescent. Specifically, the question is "what factors influence an adolescent's decision to have additional children"? In their minds, what were the reasons that supported their decision? Did other people's opinions influence their decisions one way or another? If so, then how?

The research design I have chosen is a flexible methods case study that will be descriptive and qualitative. I have chosen this design as it will give me the best opportunity to gather information and allow participants to tell their narratives as complete as they would like versus just looking at one specific factor.

Specifically what I did was ask teen parents many questions related to their pregnancies. Participation in this interview took approximately one hour. The interview was audio-taped and typed out by me.

While I did have a specific interview questionnaire prepared, the interview itself was fairly unstructured so as to provide the best opportunity for participants to narrate their own story in a way that felt natural and comfortable to them. Additionally, this technique would provide me with the greatest opportunity to discover what was happening and why it was happening within this specific population. Originally, I had submitted my questionnaire to the HSR committee with 105 questions but they sent it

back saying that it was far too long and they asked me to shorten it and make it more open ended. As I was looking for specific information, it was impossible to alleviate all direct questions in favor of open ended questions. However, I was able to reduce the number of questions to 59 and this was more acceptable to the HSR committee; however they continued to make the recommendation that I not follow such a strict structure in order to allow for stories to flow more naturally and feel less like an interrogation.

I believe I was able to achieve this by asking groups of similar questions together and reminding participants what information I was trying to gather. For example, at the beginning of the interview I asked participants to tell me about their first pregnancy, how they found out, how old they were, and what were the reactions of her parents, boyfriend, and friends, where they were living and with whom. In this way I was able to gather the information without bulleting questions at them. When they had told this part of their story I then asked them to tell me about their second pregnancy, where they lived, how they found out, how old they were, how old their other child(ren) were, where they were living and with whom, and again people's reactions. This section was followed up with specific questions regarding birth control, awareness, availability, choices, whether or not they were using it when they got pregnant and the reasons for that decision and whether or not they were currently using birth control and did they plan to have additional children in the future. Again this allowed them to narrate their story and give their reasons in their own way. These sections were followed up with a section on reasons for carrying their children to term, whether or not they had considered adoption or abortion and the reasons why they either had or had not. Also included in this part of the interview were questions regarding other people's responses, including boyfriends,

friends and parents and whether or not their reactions had any influence on the participant's decision to parent? Finally, I grouped together questions on education, jobs, working, whether or not they wanted to pursue further education, whether their boyfriends were working or in school. I finished each interview with the final question of if they could go back and change anything, would they, what would they change and why.

The following is a partial list of the questions on the research questionnaire:

How old were you when you got pregnant for the 1st time?
Were you on birth control when you got pregnant?
Was this pregnancy planned? If so, please explain.
How did you find out that you were pregnant?
What were the reasons that you decided to carry this pregnancy to term?
What was the reaction of your boyfriend and/or father of the baby?
What was the reaction of your parents? Friends?

How old were you when you got pregnant for the 2nd time?
Were you on birth control when you got pregnant this time?
Was this pregnancy planned? If so, please explain.
How old were your other children?
What was the reaction of your boyfriend and/or father of the baby?
Was it different from your 1st pregnancy? How?
What were the reasons that you decided to carry this pregnancy to term?

Do you know about birth control?
When did you first learn how people get pregnant and birth control?
Did you have access to birth control before you became sexually active?
Did you ever discuss birth control with your boyfriend?
Did you ever discuss having children with your boyfriend prior to your 1st pregnancy?

Participants in this study had to be between the ages of 13 and 22, as long as they were parenting more than one child before the age of 20, speak English and reside in the area known as "The Upper Valley". The Upper Valley is the geographical region that includes the New Hampshire towns and cities of Lebanon, West Lebanon, Hanover,

Enfield, Canaan, and Plainfield; it also encompasses the Vermont towns of White River Jct., Wilder, Hartford, West Hartford, Quechee, Hartland, and Norwich. I was able to recruit six participants that ranged in age from 18 – 22 who were parenting more than one child. This is fewer than I had hoped to be able to interview; but given my long history in human services in the Upper Valley it made it extremely difficult to recruit participants that I had no prior working relationship with. Due to the sensitivity of the topic being addressed, this was a constraint implemented by the Human Subjects Review Board Committee at Smith College School for Social Work. As I had previously had extensive involvement with both of my contact agencies; it significantly decreased the pool of possible participants. In addition to this limitation, time and money also impacted the scope that this project was able to encompass.

I worked closely with two Upper Valley social services agencies Listen, Inc. and Hannah House, Inc. that both provide services to and work directly with pregnant and parenting teens. I made contact with one point person at each agency that would be able to connect me with potential participants. This design made my sample one of non-probability. Once an agency had identified a possible participant they got permission from them to be able to pass their name and number on to me so I could contact them. After each person was referred to me, then I followed up with a phone call. Once I got them on the phone, I explained my project and what information I was looking to collect. If they agreed to participate, then I arranged a time to meet with them at either Listen or Hannah House to conduct the interview. I explained ahead of time that I would be recording these interviews and transcribing them myself to use in my research. Additionally, I told them about the informed consent forms that they would need to sign

and that they would be provided a copy of the consent for their own records. At each interview along with the informed consents I handed out informational sheets with the names and numbers of local social service agencies should any of the participants feel the need for further assistance as a result of participating in my research project.

The procedure was the same at each interview, we would meet at the pre-arranged time and location and I would review what we had talked about on the phone and then have them read and sign the consent form. I brought two consent forms to each interview and we each signed both forms eliminating the need to make copies. In terms of contact information I provided them with my Smith College School for Social Work email address and reminded them that they could also continue to reach me via Hannah House and Listen.

I made sure to reiterate at the beginning of our interview session with each participant that participation was voluntary and whether or not they participated would have no bearing on the services they received from either referring agency. I also reminded them that they were free to decline to answer any question without fear of reprisal from myself or the referring agency.

Once each participant and I had taken care of the necessary paper work I began the interview process. First I reminded each participant that I was going to be recording the interview and then I showed them the recording device and set it between us where they could see it and turned it on. Then I began the interview by just asking them if they remembered what information I was trying to gather and then opened the door for them to tell me their story anyway they felt comfortable with. During the course of their narrating their stories, I would ask them specific questions in order to gain the

information that I needed for my project. As the phenomenon that I wanted to look at was what factors influenced their decisions, if any, it was important that I ask the questions specifically related to this if they did not provide the answer during their narration. This method worked well across the board and seemed to allow the process to flow pretty naturally with out feeling forced or awkward.

During the course of the interviews, I did take some notes with out any identifying indicators on them and after the interview was typed I stapled the field notes to the corresponding interview transcript.

I explained to participants that the data will be stored in locked file cabinets in my office for three years as required by federal law. That after three years, if the data is no longer needed it will be completely destroyed; however, if the information is still needed then it will continue to be stored and locked in file cabinets in my office. The transcribed interviews and field notes will be stored separately from the informed consents, and the tapes of interviews will be stored away from the rest of the data to prevent any possible identification

Once each interview had been transcribed, I analyzed them looking for patterns, similarities, overlaps, and possible sub- categories. As I was looking at what factors influenced their choice to have another child, I ranked any trends in order of most common to least common factors where appropriate. Those patterns and trends will be identified and discussed in the findings chapter.

CHAPTER IV

FINDINGS

The purpose of this study was to discover and examine what factors influence an adolescent's choice to have additional children after she has already had one child while she is still an adolescent. I was able to recruit six participants to interview for this study who were parenting more than one child by the time they were 20; and they were able to provide me with some very candid answers and responses. What follows is a break down of some of the demographic information as well as some similarities and differences between participants and a look at what factors were involved in their decision making processes.

Participant Demographics

The participants ranged in age at interview time from 18 – 21; ages at first pregnancy ranged from 13 – 17 and ages 16 – 19 for second or subsequent pregnancies. The living situations of the participants has been and remains pretty varied, with first time pregnancies, one of the six lived with her boyfriend, one with an acquaintance, one in a group home, and three lived with one or both parents at home. For second or third pregnancies one participant lived with her husband, one remained in a residential placement, two lived with their boyfriends, and two on their own. Currently one lives with her husband, one lives on her own, and the remaining four live with their boyfriends and of those four, three are the fathers of their children.

Family Structures

At the time of their first pregnancies, three of the six participant's parents were still married and living together; two participant's parents were divorced and one of these fathers remained involved in his daughter's life but the other has been out of the picture since the divorce. The sixth participant's parents were never married but did live together for a short time after her birth, but he has also been out of the picture for most of her life, mom currently has a new boyfriend who is convicted felon whom she lives with and has a son with. Of the six participants four of their mothers were teen parents themselves getting pregnant at the ages of 16, 17, and 19 and 19; the remaining two participant's mothers were not pregnant as teenagers but were pregnant with their first child in their early 20's. Additionally, four of the six participants had at least one or two friends who were either pregnant or parenting at the time they became pregnant, the remaining two did not have any friends who were either pregnant or parenting.

Participant Education

In terms of education, worth noting is that four of the six participants finished high school and received their diploma after having given birth to at least one of their children. The other two participants have both obtained their GED since giving birth and one of these two has gone on to get her CNA and works full time as does her husband. The second of these two is enrolled in a local community college taking computer courses part-time and she and her boyfriend also both work full time. Of the four who received their high school diploma's, one works full time and is parenting alone, one works part-time and two stay home with their children and all of their boyfriends work full time.

Participant Interviews

As mentioned earlier in the Methodology chapter, I had an official questionnaire that I had prepared to use for these interviews; however, during the actual interviews we used them more as a guideline than as a structured format. I did follow the same breakdown of the questionnaire with each participant. At the beginning of each interview I would summarize what we had talked about on the phone and asked them to tell me their story in the way that felt most comfortable to them. I did at this point also remind them of the information that I was looking for such as, their ages during each pregnancy, whether or not they had used birth control, whether or not the pregnancies were planned, how people reacted, and what factors might have influenced their decisions.

All of the participants began their narratives in a similar manner; by telling me a bit of their history leading up to their first pregnancy. For example one participant got pregnant the first time at 14 ½ but choose to begin telling her history beginning when she was 12 and entered the foster care system because her mother had just gone back to jail for violating her probation. Her mom had a prior conviction for selling drugs and had previously served jail time, and how it took more than six months for her social worker to get her biological dad to agree to let her live with him and his new wife and how that lasted less than a year before she ended up living with her Me Mere before eventually ending up back in a group home by the time she was 14. Another began her story by telling me why she was living with her boyfriend at 17. Her mother and her mother's boyfriend had kicked her out because she would not give them the money she was earning at her part-time job to use for beer and crack; so she moved in with her boyfriend who was 34 years old. And that even though her mother knew that this man was

controlling and abusive, she encouraged her daughter to stay there and refused to let her return home. That her mom was really focused on the fact that this man had a job and could support her so her mother wouldn't have to anymore and it didn't matter to her that he was abusing her as long as she had a place to live and nice things to wear, right? Just act like nothing is wrong and everything will be alright. The next participant shared that she had run away at 14 and gotten pregnant at 15. She ran away because her parents were extremely religious and abusive to her and her siblings. She continues to this day to have no contact with them and remains in contact with only one of her sisters who is also estranged from the family. She shared how when she was homeless and living on the streets she met a man in his 50's who offered to let her live with him for free in exchange for sex once or twice a week, she accepted the offer and ended up pregnant; this man is now in jail. Another participant started out right away telling me that her first pregnancy was planned; that her and her boyfriend had been talking about it for a long time and decided not to wait. They made the plan for her to become pregnant half ways through her senior year of high school so she could finish school and graduate before the baby came. Their plan was for her to move in with her boyfriend as soon as she graduated and he would work full time and she would be a stay at home mom and that is exactly what they did. They did not plan for her to get pregnant again before she had even had her six week post-partum check up, but that is what happened and how she ended up parenting two children under the age of one when she was only 19. The next participant began her story by telling me how she had a major crush on her older brother's best friend when she was only 14 and they were 16; and how she would drag her best friend around with her always trying to track them down so they could be where the boys were. How eventually

her brother stopped being so annoyed with her and began to let her hang around him and his friends and how this led to a gradual friendship with the boy she had a crush on and how their friendship turned sexual and how their relationship meant different things to each of them. She imagined herself as his girlfriend and he saw her as a friend with sexual benefits. The final participant began her story when she was 12 and living with her mother and dating an older man, he was 23 and her mother was aware of their relationship, even that it had become sexual. When she was 13, her mother let her boyfriend move in with them because he had gotten evicted from his place. Interestingly enough she ended up in placement, not because her mother let her 24 year old boyfriend move in, but because she was chronically truant from school and the state filled what is known as a CHINS (Children in Need of Services) petition against her mother. She didn't find out that she was pregnant until she was already in state's custody.

This is how they each ended up in the situations where they got pregnant, having to make multiple choices and decisions that would be difficult for most adults and yet they were all teenagers with minimal support and guidance.

Birth Control Usage/Trends

Of the six who participated in the study four report not using any birth control at all the first time they got pregnant; however, one of this group of four was actively seeking pregnancy, one reported that they used condoms only, and one reported that she was taking birth control pills. When the one participant shared that she and her partner had been using condoms only I asked why they had not used additional birth control with the condoms and she replied that "I thought the condoms were all the birth control we needed". The most common theme among the participants not using birth control at the

time of their first pregnancy was that they all held the belief that “it won’t happen to me”, or that since they never actually “planned” to have sex, then when they were in the heat of the moment they lacked any birth control. At the time of second pregnancy the number of participants still not using birth control remained at four; however one of this group of four was actively seeking pregnancy. Another one of the group of four admits now that she wasn’t using birth control because she was “kinda/sorta” hoping to get pregnant without it actually looking like she wanted to get pregnant because she knew people, especially her father, would be really angry with her. Another one of the group of four not using birth control had unprotected sex during her six week peri-natal period and says she just never imagined that she would get pregnant again that quickly, she thought her body couldn’t get pregnant especially if she was breast feeding as that is supposed to be an ovulation suppressant, and the last of this group admits to just not giving it enough thought or planning. Of the other two one was using a combination of condoms and birth control pills, and one was using birth control pills exclusively although in her words she “was horrible at taking it consistently like I should have been; I was always missing doses and trying to remember to double up”. For the one participant who had a third child, she reported not using any birth control at the time of her third pregnancy and in fact had not used any birth control at the time of any of her pregnancies.

When participants were asked during the interview if they knew about birth control and how you got pregnant at the time of their first pregnancy all six said yes they were aware of how you got pregnant and also about birth control and even how to access it if they had wanted to; as demonstrated by the two that did identify using birth control. One participant shared “that of course I knew about birth control, like everyone has had

to take health class haven't they? I just didn't think it would happen to me that was my problem". This view was shared by three of the six participants at the time of their first pregnancies. When all six participants were asked about their knowledge of birth control at the time of their second pregnancies, they all said they were aware of it.

Currently, two of the six participants are on the Depo Provera birth control shot, one is taking the birth control pill, one has the birth control patch, one is not using any birth control, and the sixth participant has the Implanon; which is a long acting birth control that is inserted under the skin on the upper arm.

Reasons Given for Having Children

Participants were then asked about the reasons that they carried their 1st pregnancies to term; five of the six reported that they did not believe in abortion and one reported that she was actively seeking pregnancy. The participant that was actively seeking pregnancy was doing so because her and her boyfriend had talked about wanting to have children together and that after they talked about it they both just felt really excited about doing it – about becoming parents so they decided not to wait. They had already been planning on getting married after she graduated and so why not? Everybody already knew that they would have kids eventually; they were just going to do it sooner. She talked at length about how they kept talking about how much fun having a baby would be, shopping for clothes, furniture, car seats, picking out names, and hearing the baby's heartbeat and feeling it kick.

Some of the reasons given for not believing in abortion included the belief that it was killing a person, or that it went against their religious beliefs, and that their families held strong anti-abortion views and therefore they felt like it wasn't a viable option for

them unless they were dishonest with their families. Not only were these views stated; but there was a great deal of conviction conveyed in the way they expressed these views and those that expressed these views seemed ready to defend them if needed.

All six participants said that they didn't think they could go through with an adoption plan; although one said she seriously considered it during her first trimester but changed her mind when she saw the baby on the ultrasound at 17 weeks gestation. The most common reason stated for not choosing an adoption plan was that they didn't think they could carry a baby for nine months, give birth, and then let someone else have their child. Additionally, all of the participants talked about how there is a strong anti-adoption mind-set among adolescents in general and that people will view you as just giving away your kid and there appeared to be a fear around being judged in this way by their peers.

Participants were then asked about the reasons for carrying their second or third pregnancy to term; four of the six said that they wanted to have their children close in age, three of the six said that when they found out they were pregnant they said they might as well have this child since they already had one and they wanted more children eventually anyway. When participants were talking about going ahead and having the second child because they already had one, there was also a shared belief that they would be judged more harshly for terminating or relinquishing the second child because they were already parenting one so what possible reason would there be to not do it again? And three of the six identified wanting their children to have the same father; although only two of the six actually accomplished this. Another three of the six identified it as a way to keep the baby's father from leaving, and four of the six held the belief that if "you

play, you pay” and “if you’re old enough to have sex, then you are old enough to parent”. There appears to be a number of unwritten rules that govern adolescent decision making in terms of whether or not you carry your baby to term and whether or not you then parent your own child.

One participant shared that “I always wanted to have a lot of kids, maybe four or five and so did my boyfriend; but then when I got pregnant for my second child so quickly everything changed and now I think I might just stick with the two that I already have. But my boyfriend still wants more and I don’t know about that or how to tell him how I feel”.

Reactions to Pregnancies

Participants were all asked about the reactions of the father’s of their babies when they found out they were pregnant, and how these reactions influenced them, if at all. Three of the six reported that the baby’s father was happy and wanted her to have the baby, of the other three; one reported that he didn’t care much one way or the other, and the final two fathers were very upset and angry about it. Out of these fathers, four of the six have had no contact what-so-ever with their child, one of those four is the result of being in jail for statutory rape; for the remaining two the father’s have been involved since their child’s birth and are still involved. With second pregnancies the reactions were quite a bit different – five of the six fathers reported being happy about having the baby, worth noting here is that two of these five are the same father as the first child. When I asked the other three participants about the reactions of the baby’s father and why they thought it might be different they all pointed out that these fathers were not the fathers of their older children and that they were happy because they were different

people and they seemed to actually want to have a child with them. One participant shared that the reaction of her new boyfriend was so unexpected that she kept asking him over and over if he was mad until she said he finally asked her if she was mad. “I was just expecting him to be upset and angry and when he wasn’t I didn’t understand it – I kept thinking he was lying or that he was going to leave because of it, but he didn’t”. The one father who was reported to be upset and angry has not had any involvement with that child. Additionally, three of the six fathers’ of the second pregnancies are still involved with the mother’s and their children, one of the six is still involved with his child but not the mother, and the last father of this group is now deceased. For the one father of the third child it is reported that he was happy with the pregnancy and is still involved with both the mother and the child.

When asked if any of the reactions of the fathers had any influence on whether or not they carried their first pregnancy to term only one of the six said yes. She shared that she was so frightened by the father’s reaction that she left out of concern for the safety of her and the baby. The other five said the father’s reaction didn’t have any impact on their decision to carry the baby to term. One participant said “I wasn’t sure how he was going to react, and I really wanted him to want to have this baby, but in my mind and heart I already knew that I was keeping my baby no matter what he said or did, he couldn’t take that away from me”. Another participant shared that she was very happy and relieved that the father was happy with the pregnancy because she knew she would have the child either way, but knew that doing it alone would be scary and harder. “I don’t think I’ve ever been so relieved about anything, and the fact that he has been happy with both of my pregnancies makes me feel pretty lucky – even though I kind of always knew we would

have kids together at least someday”. Another shared that “the fact that my ex-boyfriend was so mad and pressuring me to have an abortion made me that much more determined not to have one, not that I would have anyway, but he made me so mad that I was like I’ll show you”!! “But seriously, it was hard to listen to all his pressuring and hold my ground sometimes, I think maybe that might have been the hardest thing, always having to say no I’m not going to get an abortion and knowing that he was going to keep being mad at me and bugging me about it”. “I kept thinking that its fine you don’t have to be with me anymore, but can you just shut up about the abortion thing already – just leave me alone”!

For the second pregnancies and the one third pregnancy only one of the six reported that the father’s reaction had any influence. She shared that “if he had not been involved and so excited about this second baby, then I would probably have had an abortion”. “I was exhausted from taking care of my seven week old baby and breastfeeding her and being a mom was much harder than I ever thought it would be; when they say it’s a full time job they mean full-time job 24 hours a day seven days a week.” “My boyfriend loves the kids and he is usually helpful, but he never gets up with them in the middle of the night because he is the one who works; and also, he doesn’t actually change that many diapers and let me tell you with two kids in diapers – it’s an all day thing”. “I felt like I was pregnant for 10 years straight, even though it was really only two; but by the time my son was born, I was just so happy not to be pregnant anymore that I got on birth control before I even left the hospital after he was born”. “I was not going to take any chances on that happening again”!

As noted earlier in this chapter, with second pregnancies there appeared to be a lot of unwritten rules governing decision making once you already are parenting one child. In one participant's words "how could I ever justify not having my second child when I already had one"? "What would I say – I can't handle it – then people would be wondering all the time if I could handle the one I already had". "No thanks, I did not want that hanging over my head; and anyway I knew I wanted more kids in the future and it turned out the future was here now so I might as well do it and be done with it".

Participants were then asked to share their parents and friends reactions to their pregnancies. For first time pregnancies all participants shared a similar reaction by their mothers, they were angry at first, then they became more accepting and usually when the baby was born they became more supportive and involved and really loved being a grandmother. As one participant put it, "my mom was downright pissed when I told her I was pregnant – she said I was going to ruin my life just like she had ruined hers – said there's no future in having babies"! But then as I got further along in my pregnancy and my belly started getting bigger and bigger to where I looked pregnant, she started being less mad and acting okay towards me and stuff, and then when the baby was finally born, she went nuts and bought it everything"! "Then she started helping out with my son and now she helps out with both my kids". Additionally, another participant shared a similar experience, "my mom said she was so mad and disappointed in me that she was never going to talk to me again, but then by the end of my pregnancy she actually threw me a baby shower and invited more of her friends than mine". "I guess she was excited about being a grandmother after all, but sometimes I think she loves my children more than me, because she does everything for them now".

As for friend's reactions, four of the six already had friends who were pregnant and/or parenting and they reported that those friends were very happy and supportive of them. "My best friend, who already had a kid, was so excited for me and for her – she said she couldn't wait to be my kid's god-mother and finally we would be exactly alike again"! Of the two participants who did not have friends who were pregnant or parenting one reports that all of her old friends eventually faded out of her life because she couldn't go and do the things they use to do together after the baby was born. "Ya, it was really hard after my son was born because pretty soon no one came around anymore. Right after he was born everyone came to see him and me, and they kept saying to me like they did when I was still pregnant – I'll baby sit anytime you want me to. But none of them actually have, not one of my friends that went to my baby shower has ever babysat for my son, which was hard for me". "But I do have new friends now and just like you would expect, they all have kids of their own".

For second pregnancies two of the six participants said their mothers were much more angry and disappointed and it lasted longer before they finally accepted it. The remaining four said the reactions were much the same as to the first pregnancies and the one participant with three children shared that her mom just said "well, I knew it was just a matter of time before you had more". Only two of the six participants shared reactions from their fathers and both of those were negative, one father said he wanted to kill the guy who got her pregnant so she no longer has any contact with her father. The other participant's father doesn't like the children's father so he refuses to acknowledge him or let him come to his home and he won't go to his daughter's house; but he does still have a relationship with his daughter and his grandchildren. I am not sure if there is any

significance to this fact; but the two fathers' that reacted this way are the fathers of the two participants whose children both have the same father and who is still involved.

Would Participants change anything if they could?

Finally, participants were asked if they could choose to do anything differently or change anything, would they? 5 of the 6 participants said they wish that they had waited until they were older to have their children – that now looking back – they feel like they were too young to have kids. These are some of the reasons identified by the 5 who wish that they had waited: “I really had no idea what it would be like to take care of a baby all day and all night – it was very hard and sometimes it made me feel stupid and mad” “I don’t regret my kids, but I wish I had waited until I was older, you know, more emotionally ready to be a mom, but I would want to have the same kids that I do right now – I wouldn’t want that to change” “I’m still pretty young myself, and I’ve never had any grown up free time, actually I’ve had to give up a lot to be a mom” “Money, it costs thousands and thousands of dollars to raise a kid, I’ve never got enough money, we do ok – I work full time, but there’s never any money left for fun stuff – it’s a lot of pressure, you know always having to figure out how to pay daycare and buy groceries, some days I just want to be a kid myself and have someone else worry about all of that stuff”. “I wish I had waited until I went to college – that way I could make more money and have a better life for my kids – but who knows I may still go someday when they are older, but if I had done it before having kids – it would be so much easier now for all of us”. “I wish I had been smarter about using birth control, I don’t regret my son, but it would have been easier to finish high school if I wasn’t a mom”.

Only one of the six said she would not change anything at all, she shared the following reasons, “if I didn’t have my kids when I did, then I wouldn’t be who I am now, and I love my kids and I could never not have them – you know now that I have had them – they are the reason I work so hard and that I get up everyday – it’s for them – so they can have better than I had”. “I can’t even regret who my children’s fathers are because if I did then somehow to me that means that I would regret the children that I have and I don’t – not one bit”. “It’s been very hard, but nope I wouldn’t change it”.

Summary

This theme where five of the six state that they wish that they had waited to become parents, even the first time around, seems to be the category where there is the most overlap between the participants and I suspect that it is the one that tells us the most about their decision to have children as an adolescent.

I believe that we get a clearer picture of why at least these six teens had more than one child while still in their teens. It appears to me after looking at all of this information and hearing all of their stories that they were all aiming for one thing, creating a family of their own. They all identified the desire to have children eventually and when presented with the reality of being pregnant sooner than they expected, they chose to become parents at that time. It’s crucial to remember though that five of the six say now that they wish that they had waited – wish that they had made a different choice back “then”.

As discussed in the literature and demonstrated in this group of participants, one of the major reasons that they chose to have their children was the fact that from their perspective at the time, there wasn’t a “good enough” reason not to. There has been a

great deal of research on just this topic with the theory being that if teenagers had future goals then those goals would act as a deterrent to having children at a young age.

However, recently it has been documented that more important than actually having future goals is whether or not the teen believes that having a child at this particular stage of their lives will impact their ability to achieve those goals. So if we, as professionals who work with this population hope to make an impact, then our focus should be on helping adolescents see how having a baby could interfere or impede their future plans in ways that have meaning to them.

Study after study has shown that programs aimed at reducing repeat pregnancies are largely ineffective; it seems to me that if we want these programs to be more successful then we have to have a greater understanding of what has meaning and possibly influence for young women facing this decision. What does this mean for future studies of this nature or indeed even the work we do on a daily basis with teen's especially pregnant and parenting teens?

CHAPTER V

DISCUSSION

The research project was designed to look at what factors influence an adolescent's decision to have additional children while still an adolescent after already having one child. The purpose was to see if we could discover what factors influence their decisions in order to work more effectively with the population both in terms of prevention and in providing support.

In this study, my findings were consistent with the trends in the current literature in each of the major sub-categories that the literature tends to focus on. When looking at each of the following categories, reasons teens become pregnant the first time, reasons for repeat pregnancies, birth control use, intervention strategies, and brain development all of the information I gathered from this group of participants was completely consistent with what is in the literature. The notable exception to this was the level of education obtained by this particular group of participants; they had all completed their high school education or received their GED. Statistically, this puts this group above the norm in comparison to their pregnant and parenting counterparts.

What follows is a discussion of the way my findings compare and contrast in the major sub-categories with the current trends in the literature regarding pregnant and parenting teens and their decision to have subsequent children after already having one child as a teenager.

Societal Implications of Teenage Pregnancy

As discussed previously in the Literature review section of this paper, the impact of adolescent pregnancy on society has been well documented. Teen mothers are more likely to not finish high school, have lower economic earnings over their lifetimes, have greater physical and psychological problems, live in impoverished and sometimes dangerous neighborhoods, and their children are at an increased risk for behavioral and developmental problems.

In looking at national trends for teenage pregnancy it has been established that “the poorest counties in any region of the country have the highest birth rates to teens, regardless of whether the county’s population is black or white”. (Anderson, et al., 2000) Generally speaking the states with the highest number of teens will have the highest number of teen pregnancies. “In 2000 the teenage birth rates were highest in Mississippi, Texas, Arizona, Arkansas, and New Mexico. The states with the lowest teen birth rates were New Hampshire, Vermont, Massachusetts, North Dakota, and Maine”. (Guttmacher Institute, 2006)

My findings were very consistent with the research, with the exception of education. All of my participants finished their education either by graduating high school or obtaining their GED; this is statistically above the norm for this population. In 1996, the last year that I could find the statistics, “68.4% of all teenagers who had their first child before the age of 19 dropped out of high school and did not obtain their GED”. (U.S. Bureau of Labor Statistics, 2005) However, all of the participants were living at or below federal and state established poverty levels, and all participants were living in federally subsidized or low income housing projects. The fact that all of the participants

qualified for federal or local housing subsidies is an indicator of their income, or more accurately, their lack of income. This is demonstrated by the one participant who I interviewed who was working full time as was her husband, yet with their combined income they still qualified for housing assistance. However, as a result of having a household with two full time incomes they lost their daycare assistance and now most of the participant's income goes to paying for daycare and the family is actually left with less money in their household budget than if the mother had not been working full time. This family is a classic example of how the system of support is not actually set up to benefit or even encourage outside employment; but perpetuates the cycle of dependency on assistance programs.

While it has been established that this group were all economically disadvantaged; the fact remains that this group is also well poised to move up the scale in terms of their financial earnings due to their higher than average education attainment compared to their counterparts. As a result of having greater economic stability, this group of participants may also have greater parenting outcomes. This is something that will only be able to be measured over time, and this study was not designed to do that.

I do not have enough information to determine if this group of participants has a greater occurrence of physical problems; however three of the six participants identified being in counseling at some point in their lives. One participant shared that she was sent to counseling after she told her parents that she was pregnant, "it's like they thought that if I went to see a counselor that I'd be able to talk my way out of being pregnant or something, I mean what did they expect a counselor to do? I was already pregnant".

Additionally, I do not have the information on what, if any, behavioral or developmental problems their children may or may not have.

Reasons Adolescents become Pregnant the First Time

The reasons that teens get pregnant in the first place tend to fall into two distinct categories: 1. absence of birth control or contraception and 2. the desire to become pregnant. “Themes for non use of contraceptives include denial, not planning on having sex, not considering the consequences of having unprotected sex, lack of knowledge about or access to the various methods of control, embarrassment, and fear that their parents would find out”. (Lemay, et al., 2007)

All of the six participants that I interviewed fell into one of the above categories in regards to their first pregnancies. Of the four who were not using birth control, one identified herself as actively seeking pregnancy; of the other two, one was using condoms and one was taking the birth control pill. For the latter two, by self disclosure they were consistent in using their chosen form of birth control and just got pregnant anyway. However, many years experience working with adolescents has taught me that their definition of consistent may not be the same as what it says in the dictionary or with what many adults would agree that it means. One teen parent said to me that she considers herself to be consistent with her birth control if she takes it nine out of ten times. We, as adults, with perspective and reasoning can see the flaw in this logic; but it is precisely this logic that enables teens to get pregnant in the first place.

The one teen who identified herself as seeking to become pregnant with her first child talked about always wanting to “be the mom” when she grew up and that at 17 she considered herself an adult and therefore capable of making the decision to have a child

at this point in her life. But as we have discussed elsewhere in this project; adolescent brains do not reach maturity until around the age of 22; and that teens have the tendency to make decisions based only on their immediate needs and wants with little or no regard for the future.

Repeat Pregnancies during Adolescence

Only one participant identified herself as having been on a long acting birth control method, the Depo Provera shot, after the birth of her first son, which is the one major factor that impacts the rate of repeat pregnancies during adolescence. However, she stopped getting the shot so statistically at the time of her second pregnancy; she is one of the four who were not using any type of birth control. Again, one of this group of four said she was actively seeking pregnancy and it is not the same participant that was seeking pregnancy the first time. Of the other two participants, one reports that she was on the pill but states that “I was horrible at taking it consistently like I should have been; I was always missing doses and trying to remember to double up”. The second of these two reports that she was taking the pill and using condoms consistently however she still got pregnant and shared “I guess I’m just in that less than 1% who gets pregnant anyway no matter what you use”.

All of the participants met four of the six predictors of repeat pregnancies which include:

- not using long acting birth control
- plans to have another child within 5 years
- not being in school by the time their 1st child was 3 months old
- not being in a relationship with the father of the 1st child.
- the father of the first child is more than 3 years older
- having many friends who are pregnant or parenting

Although they did not all meet the same combination of predictors.

The reasons given for carrying babies to term were largely consistent regardless if it was their first, second, or subsequent pregnancy. The most common reason given was that participants as individuals didn't believe in abortion, followed by the belief that if they carried a baby for nine months and gave birth to it, then they would not be able to give it up for adoption at that time because they would already be attached to the baby. The most common reason for carrying second or subsequent pregnancies to term was the previously stated desire that they wanted to have more children eventually anyway, so why not now?

This finding is consistent with the most common predictors for repeat pregnancies in adolescence.

In looking at this phenomenon with regard to the repeat pregnancies and the why not now attitude it should be clarified that this line of thinking is common only among those who have already become pregnant for the second or subsequent time. The most common reason given was that they eventually wanted to have more children and from their perspectives at the time there did not seem to be any justifiable reason to not continue the pregnancy given that they had already had one child. One participant shared "how could I possibly give up my second child when I kept the first one? I could never live with myself if I did that, how would I explain that to the child"? It seems as though these moms with this line of thinking feel as though they will have to justify or atone for their decision at some time later down the road and that they better have a good reason or the judgment will be harsh. It is not clear to me who they think might be doing the judging other than themselves and this leads me to wonder again about the silent code

that exists among this population that impacts their abilities to make individual decisions. Additional reasons given for “why not now” included wanting to have their children close in age, keeping the father involved, and creating the family that they always wanted to have.

None of the participants that I interviewed was involved in something like a job or school or anything else that they viewed as an obstacle to having another child at the time of their second pregnancies. This illustrates the fact that “it is less important for teens to have goals than it is for them to view early childbearing as a threat to achieving those goals”. (Jumping Eagle, et al., 2008) It is here that I will raise the question of whether or not we actually send conflicting and contradictory messages to teens in regards to early childbearing. One the one hand we are telling teens all the time “don’t do it, don’t get pregnant it will make your life so much harder” and then when they do get pregnant we change our chorus to “you can do this, you can be a parent and go to school and work, you can still be what ever you wanted to be”. However, as I’ve seen over and over again in the 19 years I’ve worked with this population it takes more than empty words for these moms to achieve their goals. It takes tremendous amounts of support from family, or friends, or even the state in terms of childcare, transportation, housing and money. In most cases it is a combination of all three sources of support coming together to buoy this young mom up while she gets her life on track.

Contraceptive Use: Patterns and Behavior

As mentioned in the section on reasons teens get pregnant the first time; “one of the major reasons that teens become pregnant is due to lack of birth control”. (Lemay, et al., 2007) What constitutes lack of birth control ranges from not using it at all regardless

if it is a specific choice or the default choice, to not using birth control correctly or effectively up to and including the desire to become pregnant. In this category, the participants I interviewed fell well within this range of patterns and behaviors. Some were taking their birth control, and insist that they were consistent and yet became pregnant anyway, some were not using birth control effectively, and the majority was not using any birth control at all. For those in the latter category, the reasons given for not using birth control again fall right into the range of what is reported in the literature; minimization, denial, wanting to become pregnant, and even though they had already experienced one pregnancy as an adolescent one mom reported that “I just never imagined that I would get pregnant again so soon, I thought I couldn’t get pregnant because I was breastfeeding and that is supposed to be an ovulation suppressant”. This particular instance is consistent with the “it won’t happen to me” method of birth control; neither of them is at all reliable or effective in the prevention of pregnancy.

One of the most revealing quotes from a participant is this response when asked if she knew about birth control. “Of course I knew about birth control, we all know about birth control we’ve known about it since we were like 10 years old we’ve all, well most all of us, have had health class. The thing is that some of us want to get pregnant and so we don’t use birth control. Then there are those who don’t use birth control because they just don’t think”.

Well, we know for a fact that teens do indeed think so about what seems the more appropriate question here. We know from elsewhere in this study that adolescence is one of the longest phases of development in a person’s life. Additionally we know that this is a time for adolescents to transfer their primary connections from their parents or

caregivers to their peer group and ultimately a romantic partner. “Although it is not yet clear how adolescents move through the transition from reliance on the parents to reliance on the peer group or romantic partner” (Pistole, 1999); it seems likely that the transfer of attachments would be accomplished by the seeking out of peers and the forming new attachments with those who share your values and beliefs at this point in time which are often in direct opposition to those held by the previous person or persons. We know this function serves to help kids leave home and strike out on their own embarking on their next developmental phase of life.

So what is it that teens are seeking from their romantic partners? “Many adolescents reported desire, sexual attraction, and a need to be loved or cared about as central to their decision to enter a sexual relationship”. (Fantasia, 2008) So rather than assume or say that some teens don’t think, it seems like it would be more accurate to say that instead of thinking about birth control and safe sex, many teens are thinking about getting their physical and emotional needs met. Again, they are doing this without regards to long term consequences.

Adolescent Brain Development

While this particular category is not focused on in the literature in regards to pregnant and parenting teens; it seems a critical component to helping us understand their decision making abilities and patterns which is why I included it in the literature review and in this section.

Obviously, I did not evaluate participants on their level of brain development or maturation; but what I did do was look at what Fantasia says about integrative decision making being a complex situation for teens to navigate in general and utilized it in a way

that let me look at what the teens had going on in their lives in addition to being pregnant. “Teens tend to typically only plan for the present with out any considerations of the long term consequences”. (Brown/Saunders/Dick, 1998) I believe that this is demonstrated and articulated by the teens themselves when I ask each of them if they would have done anything differently and five of the six said yes, that they wish that they had waited to become a parent. Many of the reasons given for this wish include things that they now admit they didn’t consider when making the choice to become a parent; such as how much work it really is to take care of a newborn 24 hours a day seven days a week. That they didn’t realize how tired they would be or how much a baby can actually cry non-stop, or how often you have to change the baby’s diaper to keep them from getting a rash or infection. One of the largest factor’s that participants wish that they had thought more about is how much money it costs to raise a baby. These are all examples of how some of these teens made their decision to parent without consideration for what that might actually look like in reality.

Intervention Strategies and Programs

As previously stated, “no one intervention or approach has proven to be more effective in the reduction of repeat pregnancies in adolescence”. (Corcoran/Pillai, 2008) The one exception to this is the program studied by Omar, Fowler, and McClanahan at the University of Kentucky in 2008. This program was able to impact a significant reduction in repeat pregnancies through their comprehensive young parent program. Teens involved in this program were seen weekly by five different treatment team member with each contact lasting at least one hour in length. So the average contact with their treatment teams consisted of at least five hours per week of individual guidance and

counseling over a period of three years and they report that there was no attrition rate. While this may be ideal, the reality is that most programs that work with this population do not have the resources for this type of intensive intervention. This is in comparison to those teens who are involved in other support service programs, those contacts are often only once a week and tend to be limited to one hour sessions, and often times those sessions may take place in a group context such as a parenting group or childbirth education class.

In terms of the participants that I interviewed, all of them identified taking a childbirth education class at least with their first child, and all of them identified as having had at least one class at school that covered the typical “health” requirements. One participant identified participating in a parent education group for almost a year after the birth of her first child. She reports that this experience was very helpful in that it connected her to other young moms, but that it did not motivate her to use birth control more effectively.

None of the participants that I interviewed could identify, when asked, having learned anything prior to their first pregnancy that would have impacted or deterred their decision to have a child as an adolescent. Again, all of these responses are in keeping with the trends in the literature in that there is not one strategy or program that works better than another over the long term.

Participant’s Stories and Experiences

I did find that with the six participants that I was able to interview; that they all appeared to have viewed the experience of narrating their story as a positive one all of them thanked me at the end of their interviews for the chance to tell their story with out

fear of retribution or consequence. One participant said “I was afraid once you knew what you got into by letting me talk that you would run, because I really like to talk, especially about my children”! Another participant shared that she liked telling me her story; but felt weird about it because as she put it “I’m not here applying for benefits, and that’s when you usually have to answer these questions, and sometimes those people can be nosy and judge you, but you’re not, your just listening to me babble on and on”. A third participant shared that “I’m really glad that you listened to me tell you about my life, because when I was telling you I finally realized – hey – I haven’t done so bad after all”! It was during these moments, when the participants were really sharing a piece of themselves with me and making themselves vulnerable that I struggled with my role as a researcher. During these times I really wanted to switch into therapist mode with them and explore their feelings more deeply or offer words of praise or encouragement for a job well done or a healthy choice made.

As Michael White talks about constantly in working with disadvantaged people, one of the most therapeutic things we can do with these individuals is give them the opportunity to narrate their own story in a way that has meaning to them. It is my hope that each of these participants was able to get some of that through their telling me about their lives and the decisions that they have made.

One of the things that strikes me as important in the gathering of this information is the fact that this group of teens had a tremendous amount going on in their lives at the time of each of their pregnancies. The fact that they were pregnant for all of these participants appears to have been the least of what is going on in their lives at the time. Issues ranged from school truancy to homelessness and included court ordered residential

placement, parents being sent to jail, and being kicked out of their parent's house. These issues alone would be extremely tough for any teenager; but add a pregnancy or child to the equation and you've got a situation that would tax an adult's decision making skills. Secondly what I noticed among this particular group of girls is the recurring theme of resiliency for all of them. "Resilience, simply stated, is positive adaptation in response to adversity". (Waller, 2001) "In fact, it appears that some individuals who are challenged by adversity emerge stronger, with capacities that they may not have developed otherwise. Some contemporary resilience researchers have even suggested that resilience does not occur in spite of adversity, but because of it". (Waller, 2001) Currently there is a focus on discovering what protective factors in a child's life lead to the development of resiliency. Some of these factors are a "strong positive role model whether parent, teacher, religious leader, or community member, being appealing to adults, and having a positive responsiveness to others". (Waller, 2001) One example of demonstrating resiliency was the participant who left an abusive relationship before her child was born. Other examples include the participant who slept only four or five hours a night so she could spend as much time as possible with her children while she was enrolled in a full-time CNA course because she knew it was only temporary but would make a difference in their lives in the long run, or the participant who resisted non-stop pressure for the first three months of her pregnancy to have an abortion from the father of the baby.

The Family that they Always Wanted

Another theme that emerged from all participants was the desire to provide and do better for their children than had been given or done for them. All of these participants identified wanting to be able to provide for their children all the "stuff" that they didn't

get as kids. For some participants this “stuff” meant “things” but as one mom put it, those “things” were often basic necessities. “I remember as a kid that I always hated back to school time because my brother, sister and I never got any back to school items like the other kids, no lunch boxes, clothes, or shoes”. “It was always so embarrassing the first day of school to have everyone else wearing their new things and we had to go in our same old clothes, I always said when I had kids I was going to be able to go back to school shopping with them”. Another mom shared that what she wanted to give her children was “a real home, I mean not just live somewhere but a place that when they were there they would feel like it was home and that they wanted to be there”.

“When I was growing up, we moved a lot, but that wasn’t so bad, mostly I always remember feeling like maybe our new place will finally feel like home, but it never did. It wasn’t until I was a parent myself that I realized that it’s the people you live with that make a place feel good, and that’s what I want for my kids, a happy home. My home was never happy when I was a kid, and before I went to live with my dad I always used to think that his place would feel more like home because they were more of a family, you know, with a mom and dad and kids with a house; but when I went there it never felt like my home, I always felt like I didn’t really fit in. I don’t want my kids to feel that way; I want them to feel like they belong in our home”.

One mom shared the following “I know this will probably sound kind of selfish because I always had what I needed for the most part growing up – you know clothes, food, television, and phone. But I never got to have any of my own stuff – you know a TV in my room or my own phone, so I want to be able to give my kids their own things, like now it will probably be a computer instead of a TV; but that is what I want to be able to do for them”. So, how might this relate to their decision to become a parent in the first place? I wonder this, by becoming a parent themselves are they then in the position to

have control, gain acceptance, and feel successful in ways that they were otherwise unable to attain?

When reviewing all of the reasons given by participants for choosing to become a parent whether it's the first, second, or third child it seems to me that many of them already held a preconceived notion of what they would do or what would be acceptable in their lives. Statements such as "I think abortion is just killing" or "People will judge you if you give up your kid for adoption" implies that these teens have listened to and incorporated the "local" opinions and discourse surrounding these two issues. In considering this I wonder then how many of these participants were actually "free" to choose whatever it was that they wanted vs. pleasing or at least making an acceptable choice for the larger social group that they are/were enmeshed in. When the choice can not be made in a vacuum and you will have to answer to whomever (boyfriend, parents, friends, etc.,) for your actions; it does have an impact and I imagine that this applies to these participants situations to a larger degree than for older women or women with more financial and social resources. The social and personal consequences for going against "the grain" so to speak can be far greater for those who have fewer resources to begin with. We, as professionals often say they have many options or choices, but I wonder if this is true. How many of these participants were actually free to make the choice that they alone wanted to make with out fear of loss or retribution of some kind. One participant was able to demonstrate this ability to a great degree when she left her boyfriend who wanted her to have an abortion – instead she took the abortion money and ran. One might be tempted to interpret that as making a free choice – but also one could

argue that the choice she made there was more about immediate safety and less about how “free” she felt to choose what she wanted.

Having worked with pregnant and parenting teens now for more than 19 years one trend I’ve come to observe over this time has been that teens often make choices by default – meaning that they make no “active” choice at all but rather choose to do nothing until there is only one thing left to do or at best two and even then they often defer to whatever enables them to remain “undecided” until but one choice lays open. This provides them with an out so to speak – they are not responsible for their choice but rather they had no other choice – therefore – they neither have to defend or tout their reasons – which are by most accounts unrecognizable even to themselves.

Expanding the Research

One topic that is not covered in the literature with regard to pregnant and parenting teens and their decision making abilities is that of peer pressure. There is a great deal written and known about peer pressure in adolescence; but the research has not crossed over to look specifically at how peer pressure influences pregnant and parenting teens and the choices that they make. Having worked with this population for more than 19 years now I have had the opportunity to observe first hand the existence of a “silent code” of what is acceptable in regards to pregnancy and parenting among adolescents. There is a great deal of pressure among pregnant and parenting teens for anyone new that becomes pregnant to parent. If a teen tries to make an adoption plan, she is often shamed and ridiculed by other pregnant and parenting teens who say things to her such as “how can you give up your own kid”? “You don’t even know who will be raising your child, what if they are child molester’s – you never know – people do freaky things to kids

now-a-days”, or “I could never give up my kid, I’d rather die then let someone else raise my kid”. These are very powerful statements and judgments for an adolescent to try to contend with while trying to make a very personal and very difficult decision. It is not entirely clear to me why there is this mindset, but these are a couple of my thoughts over the years. I wonder if teens pressure one another to parent as a way to gain validity for their own decision to become a parent. Does the pressure stem from the fear that someone else has the courage to make the choice that you yourself wished you could have made but were unable to? Is this pressure a natural extension of the adolescent’s need for conformity much in the same way that they pressure each other to buy the same brand of jeans or cell phones? Either way, it appears that this would be an excellent topic to try to gain greater understanding of.

There is an even greater “code” with regard to abortion. As I mentioned previously, many teens hold the view that if you play, you pay. I have heard this over and over again throughout the years working with this population. The participants that I interviewed were no exception, the majority of them believed this as well. It has been my experience many times, that when you have a group of pregnant and parenting teens together there is an almost vicious view of abortion and of anyone who would ever even consider it. It is held out as the ultimate judgment or instrument of pressure, “how could you kill your own child”? However, what I’ve also encountered over the years is that if you get a chance to talk one on one with many of these same teens, they are often not opposed to abortion personally but want to swear you to secrecy for their disclosure because if the other girls found out then the social consequences could be enormous.

Once again I am left wondering about this, why does this happen, what purpose does it serve? In terms of my own experiences working with this population, religion is almost never brought into the discussion on abortion, but rather it tends to focus on whether or not the baby is a person in its own right and therefore deserves to live. And again the mindset of you wouldn't kill a live baby so why would you kill one just because it hasn't been born yet? Ultimately, the purpose of all of this among pregnant and parenting teens is to get other pregnant and parenting teens to believe the same thing and therefore, make the same decision that they themselves have made. It is a tool to get their peers to comply with their wishes and bring validity to their cause and ultimately their choices. Many times I have felt that this tactic serves to disempower these young women, and what a dent that can make in their developing self-esteem.

This is where my thoughts about the teens taking on or assimilating to the opinions and discourse of their larger social context such as family and friends comes in. It is well known that adolescence is a time of personal growth and discovery, a time when individuals are trying to sort out who they are and what they believe in comparison to society as a whole, especially their family of origin; so how might this impact or influence their opinions on abortions? I reminded here of the developmental tasks of adolescence, identity formation is a large part of what they are trying to accomplish at this stage of their life. However, in spite of their absolute belief that they already know all they need to know and have all the information that they will ever need in order to make a decision or form an opinion; this simply isn't the case. We know that development continues well into the early 20's and that having all the information can actually take more than one lifetime to achieve. But they do not yet know this, and they

won't know it or believe it for a few more years. So when they make a decision or a statement of their beliefs, is it truly representative of what they believe or just a reflection of what their social environment believes? I believe they would tell you that it is absolutely their belief; but we know as adults that they are going to continue to expand their social circles and take in more information in the years to come that will ultimately impact their decisions and their beliefs; however, this does not imply that everyone's opinions will change in the end.

So how might this relate to the fact that five of the six participants now say that they wish they had waited? (Even Bristol Palin is out on the public circuit saying that she wishes she had waited because motherhood is a lot of work.) In my job working with pregnant and parenting teens over the years, one of the things I use to do with them was take groups of parenting teens around to area schools to talk about the realities of being a teen parent. These teen parent panels were designed so that the students could ask questions of the parents directly, and the only rule was that a question had to be asked in a respectful way and that any participant who was uncomfortable could decline to answer any specific question. As you can imagine, this led to many discussions about birth control, alcohol and drug abuse, beliefs on abortion and adoption, family histories, fathers of the babies, and attitudes about sex and how parenting has changed their lives. It is my experience that these panels were (and remain) a highly effective preventative measure in dealing with the issue of teen pregnancy; as it facilitated discussion with other teens that as adults we would never have been able to do. In my time serving as the teen parent panel coordinator I had the opportunity to work with upwards of 250 pregnant and parenting teens in this venue. The most important piece of information that I gained from

this is that with very few exceptions, these teens all said the same thing; they wish they had waited to have their children. That if they could go back and change anything, it would be to wait and that is exactly what the participants I interviewed for this project reported.

Can Adolescents make this Decision?

So when looking at what factors influence a teen's decision to have another child while still a teen after already having had one; it appears that a huge factor is where they are developmentally and maturationally with their individual decision making skills. And those factors such as their ability to consider the future in terms of actually caring for a baby and their ability to withstand enormous amounts of peer pressure are crucial. This process seems to be doomed from the start; because it is precisely these two categories where teens fall short on having the skills they need to make such a monumental decision.

Conclusion

The purpose of this research project was to try and gain understanding of what factors influence an adolescent's decision to have more than one child while she is still an adolescent after already having one child. This project proved to be much more difficult than I originally thought it would be. As I have such a long history of working in the Upper Valley where I conducted the research project it was extremely difficult to find participants who were willing to participate that I didn't already know in some capacity. This limitation was exaggerated by the fact that The Upper Valley is largely rural and access to services is difficult for many people, some of whom may have qualified to participate in my project.

The size of my sample will limit the usefulness of the data collected; as any patterns or categories established in such a small sample will not be able to be applied to the group as a whole; there simply isn't enough information to establish causality or trends. However, this project does provide us with a number of additional topics, trends, and thoughts that are worth future exploration in the effort to improve the way we work with pregnant and parenting teens. These include the impact of peer pressure among pregnant and parenting teens, adolescent decision making abilities with regard to considering the future implications of their decisions, and given that many teens say that I wish I had waited before having my children, how do we get this message to teens in a way that will be more effective and have greater impact? How do we encourage them to think about this well before the opportunity for a first time pregnancy even exists? This seems to be to be a critical and attainable goal.

Possible sources of biases include that I have a high level of interest in this population and over 19 years of experience working first hand with them. I also believe that funding for working with this population shouldn't depend so much on the number of repeat pregnancies prevented. To me it feels in direct opposition to my belief that woman should be able to determine their own reproductive lives, schedules, and preferences. Having said this, I understand that we are talking about teenagers here and not adults and that makes a tremendous difference in the eyes of some. When it comes to preventing 1st pregnancies, I am 100% in support of no holes barred approach to prevention; but once they have already had one child and determined that that is the path they are going to take, who are we, as professionals, as a society, as individuals, to then try to micro-manage the reproductive lives of this particular group of people? What right do we have

to say to them, no you may not have additional children and if you do then there will be consequences or repercussions that may include a reduction of benefits or supports provided?

I believe that due to the significant societal impact that repeat pregnancies bring for our culture that this affects the work we do with this population. Right from the initial meeting between the worker and the client there are opposing goals. The worker's goal is to try and facilitate the prevention of repeat pregnancies and for some clients this is precisely their goal. If this is the case, how do we work with these families in a way that is supportive and not punitive? Additionally, isn't in our NASW code of Ethics that social workers are to support the client's right to self determination? Do we get to pick and chose when we follow these guidelines based on our opinion of what is best for them?

My personal perspective it that as social workers we can learn a great deal about how to work effectively with a particular population if we take the time to understand that population to the best of our ability. Sometimes that means listening to and tolerating a viewpoint that may be different from the current "trend" for treatment or for providing services. We have the knowledge already that if the client values what we have to offer, then there is a greater possibility for successful outcomes; in this case a more cohesive working relationship between worker and client.

Future Considerations

If I had the opportunity to do this project all over again, knowing what I know now, mirroring what the teens say, I would approach things a bit differently. First of all, I would not have made the assumption that I would have access to all of the pregnant and

parenting teens that I had worked with over the years. Believing that I would have access to this pool of people led me to believe that I would be able to gather far greater amounts of information than I was actually able to gather in the end. Obviously, more information provides us with the potential for greater understanding and greater possibilities for considering trends and causality. When the number of participants is so small, it eliminates any possibility of being able to apply your findings to the larger group. Secondly, if I had known that I would not have access to this group of people, then I might have reconsidered my topic entirely; as my research was conducted in such a rural area the possibility of being able to gather participants from additional sources was non-existent. The biggest obstacles for completing a project like this are time and resources; one thing that I would really have liked to do differently is provide some type of compensation to the participants for their time and willingness to tell their story. However, as a full time graduate student I didn't have the financial resources to offer cash or purchase incentives; and lack of time prevented me from pursuing in-kind donations to offer to participants. Being able to offer something to participants may or may not have impacted the number of people willing to work with me on this project; but it would have made me feel better as an individual to be able to offer something in exchange for their assistance.

Another area for further exploration might include looking at how this population relies on or depends on having men/boyfriends in their lives compared to their non pregnant and parenting peers. It has been my observation over the years that there is a higher rate of this dependency among this population and I wonder whether it stems from an increased pressure to have the "ideal" family in order not to be so scrutinized by

society or is it tied to a greater fear of not being able to do it alone or even the fear of being alone? What is it that drives this population to seek out and begin relationships with men who for the most part will not end up being healthy and supportive partners to them or fathers to their children?

I also think we could learn a great deal from this population if we were in a position to do a more intensive interview that focused more on family and social histories. If we could look at such things like, how old they were when they 1st thought about being a mom, or did they have to take care of their siblings at a young age, and who took care of them when they were infants and toddlers? Were they at home with their mom or dad, or a grandparent or other relative, did they go to daycare, who were their early connections and attachments to? What were the family expectations for these girls right from an early age? Was it to go out and conquer the world and accomplish great things, or is the assumption that they will grow up and become wives and mothers, and not necessarily in that order. We are all aware of how a parent's attitude and expectations can either influence or discourage behaviors in their children; I don't think it is any different when the topic is adolescent pregnancy or parenting. Additionally, it might be useful to understand whether or not these girls had goals when they were younger? What did they want to be when they grew up – what did that look like at five years old, ten years old, and 15 years old, how did it change over time?

I believe if we could have the opportunity to take such an in-depth look at the early lives of these girls we would learn so much more about what influences the decisions they make as adolescents. After all, that is what it comes down to – the decision making abilities of these adolescents. The decision to become sexually active,

to use birth control, to continue a pregnancy to term, to become a parent; it is the culmination of all these choices that provides us with this population of girls in the first place.

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Appendix A

Human Subjects Review Committee Approval Letter



SMITH COLLEGE
School for
Social Work

Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

February 20, 2009

Kimberly J. Therrien

Dear Kimberly,

Your second set of revisions has been reviewed and all is now in order. We are glad to give final approval to your very interesting and useful study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Claudia Bepko, Research Advisor

Appendix B

Information and Referral

211 – Statewide information and referral hotline for BOTH New Hampshire and Vermont

Mental Health:

Vermont:

Health Care & Rehab Services (HCRS)
802-295-3031/1-888-888-5144

New Hampshire:

West Central Behavioral Health
603-448-1101

Dartmouth-Hitchcock Medical Center (DHMC) Vermont and New Hampshire
1-603-650-5000

Community Action Programs:

Vermont:

Southern Vermont Community Action Program
(SEVCA) 802-295-5215

New Hampshire:

Listen
603-448-5339

Physical/Sexual Abuse/Assault:

Women's Information Services (WISE) Vermont and New Hampshire
603-448-5922 **CRISIS HOTLINE** 603-448-5525

Local Welfare Offices:

Vermont:

Southern Vermont Community Action Program
(SEVCA) 802-295-5215

New Hampshire:

Lebanon City Welfare
603-448-2944
Enfield City Welfare
603-632-5026

State Assistance:

Vermont:

VT Department of Children & Families
802-295-8865 / 1-800-775-0507

New Hampshire:

NH Division of Children, Youth &
Families
603-542-9544 / 1-800-982-1001

Appendix C

Informed Consent Form

Repeat Pregnancies during Adolescence

Dear Participant;

My name is Kim Therrien; I am in my 2nd year of the Smith College School for Social Work Master's program. I am looking at what things influence a teenager's decision to have another child after she has already had one. The information that I collect will then become part of my Master's in Social Work thesis and possible presentation and publication.

Specifically what I will be doing is asking teen parents many questions related to their pregnancies. Participation in this interview will take about 2 hours. The interview will be audio-taped and typed out by me.

Participants in this study must be between the ages of 13 and 22, as long as they were parenting more than one child before the age of 20, speak English and reside in the area known as "The Upper Valley".

The questions I will be asking are very personal; so, there is a chance that you will experience some embarrassment or discomfort during your interview. I will provide you with a list of local people and agencies in case you need extra help after answering the questions. All identifying information will be kept confidential; however, it may not be possible to keep your participation in this study confidential. IE, the interview may take place at the agency that referred you to me.

The benefits from answering the questions might be that you will feel positive about yourself for helping improve the way social workers and other professionals work with teenagers parenting more than one child. There may also be a sense of relief or satisfaction for telling your story in a helpful way. There will NOT be any type of payment for answering these questions.

Every step will be taken to protect confidentiality and personal information. The only situation where I would not be able to guarantee confidentiality would be if it was discovered that any minor child had been or is in danger of being harmed. As I am a mandated reporter, I would be required by law to make a report to social services. Each person interviewed will be given a different number so that all names can be removed. All identifying information and quotes from people will be disguised. Informed consents will be stored and locked separately from the rest of the data collected; tapes of the interviews will be stored away from the typed interview and notes. Any publications, reports, or presentations, including my thesis will not contain any data that will allow

anyone to be recognized. My research advisor from Smith College will have access to all of the data only after names have been removed. All data will be stored in a locked file cabinet in my home office for three years as required by law. After three years, if the data is no longer needed, it will be completely destroyed. If I should need to keep the materials beyond the three year period, they will continue to be kept in a secure location and be destroyed when no longer needed.

Participation in this research study is completely voluntary, and you may withdraw from the study at anytime before April 30, 2009. Participants wishing to withdraw only need to notify me prior to April 30, 2009 and all of their information will immediately be destroyed. Once all the data has been collected and compiled it will be impossible to withdraw specific information as it will be impossible to identify it. Therefore, the information will be included in the final write up. You may refuse to answer any questions without penalty. If you have any questions or concerns about your rights or about any aspect of the study, you are encouraged to call the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413)585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant's signature

Date

Researcher's signature

Date

Researcher's contact information

Please keep the copy of this that I have provided for your records and thank you for participating in this study.

Appendix D

Informed Consent Form

Repeat Pregnancies during Adolescence

Dear Parent or Guardian;

My name is Kim Therrien; I am in my 2nd year of the Smith College School for Social Work Master's program. I am looking at what things influence a teenager's decision to have another child after she has already had one. The information that I collect will then become part of my Master's in Social Work thesis and possible presentation and publication.

Specifically what I will be doing is asking teen parents many questions related to their pregnancies. Participation in this interview will take about 2 hours. The interview will be audio-taped and typed out by me. It is important that you and your child/ward know and understand that I am a mandated reporter and that I am required by law to make a report if I learn that a minor child has been or is in danger of being harmed.

Participants in this study must be between the ages of 13 and 22, as long as they were parenting more than one child before the age of 20, speak English and reside in the area known locally as "The Upper Valley".

The questions I will be asking are very personal; so, there is a chance that your child/ward will experience some embarrassment or discomfort during their interview. I will provide both of you with a list of local people and agencies in case they need extra help after answering the questions. All identifying information will be kept confidential; however, it may not be possible to keep their participation in this study confidential. IE, the interview may take place at the agency that referred them to me.

The benefits from answering the questions might be that your child/ward will feel positive about themselves for helping improve the way social workers and other professionals work with teenagers parenting more than one child. There may also be a sense of relief or satisfaction from telling their story in a helpful way. There will NOT be any type of payment for answering these questions.

Every step will be taken to protect confidentiality and personal information. The only situation where I would not be able to guarantee confidentiality would be if it was discovered that any minor child had been or is in danger of being harmed. As I am a mandated reporter, I would be required by law to make a report to social services. Each person interviewed will be given a different number so that all names can be removed. All identifying information and quotes from people will be disguised. Informed consents will be stored and locked separately from the rest of the data collected; tapes of the

interviews will be stored away from the typed interview and notes. Any publications, reports, or presentations, including my thesis will not contain any data that will allow anyone to be recognized. My research advisor from Smith College will have access to all of the data only after names have been removed. All data will be stored in a locked file cabinet in my home office for three years as required by law. After three years, if the data is no longer needed, it will be completely destroyed. If I should need to keep the materials beyond the three year period, they will continue to be kept in a secure location and be destroyed when no longer needed.

Participation in this research study is completely voluntary, and your child/ward may withdraw from the study at anytime before April 30, 2009. Participants wishing to withdraw only need to notify me prior to April 30, 2009 and all of their information will immediately be destroyed. Once all the data has been collected and compiled it will be impossible to withdraw specific information as it will be impossible to identify it. Therefore, the information will be included in the final write up. Participants may refuse to answer any questions without penalty. If you or your child/ward have any questions or concerns about your child's/ward's rights or about any aspect of the study, you are encouraged to call the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413)585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR AND/OR YOUR CHILD'S (OR WARD'S) RIGHTS AND THAT YOU AGREE TO PARTICIPATE AND ALLOW YOUR CHILD (OR WARD) TO PARTICIPATE IN THE STUDY.

Participant's signature

Date

Parent or Guardian's signature

Date

Researcher's signature

Date

Researcher's contact information

Please keep a copy of this that I have provided for your records and thank you for participating in this study.

Appendix E

Research Questionnaire

Name

Date of birth

Age now

Age with 1st pregnancy

1st pregnancy outcome

Age with 2nd pregnancy

2nd pregnancy outcome

Age with 3rd pregnancy

3rd pregnancy outcome

Father of child (ren)

How old were you when you got pregnant for the 1st time?

Was this a planned pregnancy?

If so, please explain.

What were the reasons you decided to carry this pregnancy to term?

What were the reasons you decided to parent at this age?

What was the reaction of your boyfriend/father of the baby to your pregnancy?

Did the opinion of your boyfriend/father of the baby influence your decision s in any way? How?

What was the reaction of your parents?

How old were you when you got pregnant the 2nd/3rd time?

How old were your other children?

Was your 2nd/3rd pregnancy planned?

If so, please explain.

What were the reasons you decided to get pregnant and/or parent the 2nd/3rd time?

Were they different from the 1st time?

If so, how?

What was the father of the baby's reaction the 2nd time/3rd time? Was he involved in the planning or decision making?

Did his opinions influence your decisions about your 2nd/3rd pregnancies? If so, how?

How did your parents react to your 2nd/3rd pregnancies?

Was there a difference in people's reactions between the 1st, 2nd, or 3rd pregnancies?

Who reacted differently? How?

Why do you think they reacted differently?

At what age did you become sexually active?

Do you know about birth control? When did you 1st learn about how people get pregnant and birth control?

Did you have access to birth control before you became sexually active?

Were you taking birth control when you became pregnant? 1st time, 2nd time, etc...

What are your thoughts on adoption?

What are your thoughts on abortion?

Did you ever discuss having children with your boyfriend before you became pregnant?

Do you have friends who are teen parents? How many?

Do you have close friends that are not teen parents? How many?

How old were you when you first remember thinking about becoming a mom yourself?

Did you baby-sit when you were growing up? Care for younger siblings or other family members on a regular basis?

Did you go to daycare or a babysitters when you were young? Did your siblings?

When you were in kindergarten what did you want to be when you grew up?

5th grade?

9th grade?

Do you still want to do any of these things?

How, if at all, have your goals changed over time?

Before children/after children?

Do you have any educational or career goals at this point in time?

Would you change any of this if you could? If so, how/why?